

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for an office visit and physical medicine modalities and therapeutic procedures.
- b. The request was received on March 15, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on November 8, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated March 14, 2002 that...
 "...This facility believes that the above dates of service are not duplicated charges... We have not received any reimbursement for these date(s) of service nor have we received the initial Explanation of Reimbursement. The only Explanation of Reimbursement we received was the one that stated this is a duplicate charge..."
2. Respondent: No response submitted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is December 19, 2001.
2. EOB's submitted deny the services rendered as "E1 Entitlement. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier." In reviewing Texas Workers' Compensation Commission records, a Benefit Review Conference was held on July 29, 2002 in which the parties agreed that the claimant's compensable injury does include or extend to include a low back sprain/strain. Therefore, the entitlement denial has been adjudication in favor of the claimant and the disputed dates of service will be reviewed per the Rules and *1996 Medical Fee Guideline*.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
12/19/01	99211	\$18.00	\$0.00	E	\$18.00	MFG, E/M Ground Rules (VI)(B) Rule 408.021(a)	Daily treatment note supports the level of service billed. Therefore, reimbursement in the amount of \$18.00 is recommended.
12/19/01	97035	\$22.00	\$0.00	E	\$22.00	MFG, MGR (I)(9)(a)(iii) Rule 408.021(a)	Daily treatment note supports the ultrasound was administered to claimant. Therefore, reimbursement in the amount of \$22.00 is recommended.
12/19/01	97124 (2)	\$56.00	\$0.00	E	\$28.00/unit x 2 = \$56.00	MFG, MGR (I)(9)(b) Rule 408.021(a)	Daily treatment note supports the massage therapy was administered to claimant. Therefore, reimbursement in the amount of \$56.00 is recommended.

12/19/01	97022-22	\$40.00	\$0.00	E	DOP with modifier -22	MFG, General Instructions (III)(A)(2)	Requestor has not documented the need for the sterile whirlpool for the claimant (i.e. patients compensable injury included a burn or laceration); therefore, reimbursement is not recommended.
12/19/01	97113 (4)	\$208.00	\$0.00	E	\$35.00/unit x 4 = \$140.00	MFG, MGR (I)(9)(b) Rule 408.021(a)	Daily treatment note supports the aqua therapy was administered to claimant. Therefore, reimbursement in the amount of \$140.00 is recommended.
Totals		\$344.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$236.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$236.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 6th day of February 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf